RETURN THIS FORM TO:

[name and address of administrator]

CLAIM FORM

PREPRINTED NAME
AND ADDRESS

YOU MUST FILL OUT THIS FORM TO PARTICIPATE IN THE SETTLEMENT OF *WHITNEY V. KHAN*

THIS FORM MUST BE *RECEIVED BY*

I certify under penalties of perjury as provided by law that I was detained at the Cook County Jail between January 1, 2017 and March 23, 2021, that I made a written request for dental care because of acute pain, and suffered prolonged and unnecessary pain because of lack of treatment.

By signing below, I hereby promise not to sue and to release and forever discharge Dr. Fauzia Khan, Cook County, Cook County's counsel, the Sheriff of Cook County, the Sheriff's counsel, and any of their past, present or future boards, commissions, members, directors, officers, agents, employees and/or independent contractors, and/or any other successors, assigns, or legal representatives thereof for any and all Unknown Claims, known claims, and rights, demands, actions, causes of action, suits, debts, liens, contracts, liabilities, agreements, interest, costs, expenses or losses, for the acts alleged or which are or could have been alleged by the Named Plaintiff or the Potential Class Members and Potential Subclass Members in this action, or relate in any way whatsoever to dental care at the Cook County Jail between January 1, 2017 and March 23, 2021.

My social security number is: ☐☐☐ – ☐☐ – ☐☐☐☐

Claim Verification and Substitute W9:

Under penalties of perjury, I certify that:

1. The Social Security number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. Person (including a U.S. resident alien).

Claim Verification and W-9 Signature _____

_____

Date Signed
M M – D D – Y Y Y Y

Note: if you have been notified by the IRS that you are subject to backup withholding, you must cross out item 2 above. The IRS does not require your consent to any provision of this document other than this Form W-9 certification to avoid backup withholding.

IF YOU HAVE AN ADDRESS CHANGE, PLEASE FILL OUT THE FORM BELOW:

Mailing Address

City State Zip Code